

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045797

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 1

FILED JAN 8 1963

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>		Length of stay in lb <u>2 wks.</u>	c. CITY OR TOWN <u>Graham</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Graham</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CLARENCE</u> Middle <u>R.</u> Last <u>LEEPER</u>			4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>1962</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-1877</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Graham, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William LEEPER</u>		13b. MOTHER'S MAIDEN NAME <u>Almira LAWRENCE</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Heidt</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT <u>CLARENCE LEEPER, Jr. - Graham</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apnoea (cerebral)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Uremia</u>	
	DUE TO (c) <u>adenocarcinoma of stomach</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>12:30</u> p.m. Month, Day, Year <u>July 1959</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. CITY, TOWN, OR LOCATION <u>Graham</u>	COUNTY <u>Nodaway</u>	STATE <u>Mo</u>
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21. I attended the deceased from <u>July 1959</u> to <u>12/28/62</u> and last saw him alive on <u>12/28/62</u> Death occurred at <u>12:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>James H. Humphrey</u> (Degree or title)	22b. ADDRESS <u>Mound City, Mo</u>	22c. DATE SIGNED <u>1/4/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-30-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>GRAHAM CEM - GRAHAM, MO</u>	23d. LOCATION (City, town, or county) <u>Graham, Mo</u>	(State) <u>Mo</u>
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24. FUNERAL DIRECTOR <u>Atchison</u>	ADDRESS <u>MARYVILLE, MO</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 4, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Marvin H. Schaefer</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
6030
0740
3
4 0
5 1
6
7 0
8 0
9/151X
10
11
12/1-0
13/1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

G M Atkinson

Licensed Embalmer No.

2279

P. O. Address

Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.